



Attorney Docket No. MTI-31471

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant

Guy Perry

Serial No.

09/927,675

Filing Date

August 10, 2001

For

Bond Pad Structure Comprising Multiple Bond Pads with Metal Overlap

Group Art Unit

2815

Examiner

CHU, Chris C.

Confirmation

6524

CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10

I hereby certify that, on the date shown below, this correspondence is being:

Mailing

deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231

37 CFR 1.10

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Transmission

☐ transmitted by facsimile to Fax No. _ addressed to Examiner _ at the US Patent and Trademark Office.

Assistant Commissioner for Patents

Washington, D.C. 20231

TRANSMITTAL

- Transmitted herewith is: 1.
 - Response to Restriction and Preliminary Amendment
 - Replacement Claims (10 sheets)
 - Blacklined Claims (14 sheets)
 - Return Postcard

STATUS

Applicant is a large entity. 2.

TECHNOLOGY CENTER 2800

EXTENSION OF TERM

- 3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.
 - [X] Applicant believes that no extension of term is required. However, if an extension of time is required, please consider this a petition therefor.
 - [] Applicant petitions for an extension of time under 37 C.F.R. 1.136 for the total number of months checked below [fees: 37 C.F.R. 1.17(a)(1)-(4)]:

	Extension	Fee for other than	Fee for
	(months)	small entity	small entity
[]	one month	\$ 110.00	\$ 55.00
[]	two months	\$ 390.00	\$ 195.00
[]	three months	\$ 890.00	\$ 445.00
ĺ	four months	\$1,390.00	\$ 695.00

Fee: **\$0.00**

If an additional extension of time is required, please consider this a petition therefor.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Claims Remair After Amendm	_		Highest No. Previously Paid For		Rate (Small Entity)	Additional Fee or	Rate (Large Entity)	Additional Fee
Total	76	Minus	68	=	x 9= \$	\$	8 x 18	\$144.00
Independent	25	Minus	17	=	x 42= \$	\$	8 x 84	\$672.00

TOTAL ADDIT. FEE \$

\$816.00

- c. [] No additional fee for claims is required.
- d. [X] Total additional fee for claims required \$816.00

FEE DEFICIENCY

- **5.** [X] If any additional extension and/or fee is required, charge Account No. 23-2053.
 - [X] If any additional fee for claims is required, charge Account No. 23-2053.

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